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The Nurse's Role in Pain Management

Article:

As the health care professional involved in giving bedside care around-the-clock, licensed nurses are in a unique position to promote state-of-the-art pain management practices for the health care consumer. Licensed nurses make judgments regarding administration of ordered medications, timing of patient care activities, and phoning physicians regarding changes in patient conditions; these licensed nursing functions are critical in the management of pain. Registered nurses, through patient education activities, also enable patients to make knowledgeable decisions regarding management of their pain. Health care professionals, including registered nurses, have seen profound changes in pain management approaches over the last 30-40 years. Historically health care professionals maintained strict control over pain medications in order to protect patients/clients from deleterious effects of opioid medications, especially with concerns regarding addiction. As the health care consumer has demanded a more active role in decision-making and as research has shown that fears of addiction were grossly exaggerated, pain rating and approaches to pain management are currently based on patient self-report and response to treatment. Potential deleterious effects of pain medications are now weighed against well-researched negative effects of pain on patients well-being, as well as patient identified goals for pain relief.

Impetus for the Board of Registered Nursing to strongly move into the forefront of promoting pain relief for patients included not only the consumer-driven push for better pain management practices, but also anecdotal concerns that the health care community (including registered nurses) were using out-dated knowledge in their approach to this critical element of patient care. Reviews of research and corresponding review of textbooks and curricula in the early 90's showed out-dated information continuing to be taught. Subsequent to the Board's actions in 1994 (see box), there were issues of nursing students being taught current practice and then finding that current practice standards were not occurring (even actively discouraged) in clinical settings. National changes, including current practice standards in pain management being included in the national licensing examination for registered nurses, and especially JCAHO establishing pain management standards for facility accreditation, have been of tremendous assistance. As facilities across the nation have been required to improve their pain management practices, registered nurses ability to incorporate current standards has correspondingly improved.

Regulations within the Nursing Practice Act (CCR 1443.5) delineate behaviors expected of a competent registered nurse. An important component of competent RN practice in pain management is stated within these Standards of Competent Performance: *(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.* Thus a competent California registered nurse will advocate for patients by ensuring the patient (or a delegated family member or caregiver) has adequate knowledge to make informed decisions about pain management and will intervene in the health care system to assist the patient/client to achieve appropriate management of pain. This may include phoning physicians (even in the middle of the night!) for new medication orders to ensure patient comfort or for reduced dosage orders for a patient who is requesting less sedation from medications. Registered nurses can also advocate for patients by recognizing that giving a medication on a regular schedule (e.g., every 4 hours) may result in more consistent pain relief. Advocacy includes assisting patients who are reticent to take pain medication due to fear of addiction to understand the deleterious effects of pain on the body and that there is minimal risk of addiction when opioids are taken for pain relief.

A critical component of the nurse's role in pain management is pain assessment. California law now incorporates pain as the fifth vital sign, requiring that every time vital signs are measured (temperature, pulse, respiration, blood pressure), recording of pain intensity must also occur. Use of a standardized pain assessment tool based on

patient self-report, is recommended by the California Board of Registered Nursing in their Pain Management Policy. With the inclusion of a standard of pain management in JCAHO accreditation, health care organizations across the state have incorporated pain assessment scales and pain management statements in their patient literature. Scales for specialized populations, such as infants and children, have been developed, and approaches for assessing elderly patients with dementia are being researched.

The recording of a blood pressure reading has no power unless the implication of the reading for the particular patient is noted and acted on as needed; this is also true for pain assessment. Just as with blood pressure readings, the patient's self-report of pain needs to be examined in light of the patient's diagnoses, medications, recent or planned activity, as well as the individual patient's attitude to pain and pain interventions. A patient with a pain rating of 7-10 (on a ten point scale, with ten being the worst pain imaginable) should be able to expect the registered nurse to immediately intervene with ordered pain medication. A patient who recently was medicated for pain, and at peak of action for that medication continues to report a pain level of 5-6, should be able to expect the registered nurse to intervene either with additional medication or with a telephone call to the physician for additional orders to cover the patient's pain. However, if this same patient states that following the medication the pain rating is at 1-2 and this is satisfactory to the patient, documentation of this without further intervention by the registered nurse is also expected until the next pain assessment.

Issues for many registered nurses have revolved around "prn" orders for pain medication. Current pain management practice includes that if patients in acute pain receive regular doses of medication avoiding the "peaks and valleys" of pain intensity, the course of recovery is enhanced and frequently the total dose of opioids needed is reduced. (The most common example of this is the use of patient controlled analgesia post-operatively.) In times of predictable pain, registered nurses can choose to give, or at least offer, *prn* doses (*prn* means as needed or in the nurse's judgment) routinely, around-the-clock, not waiting for a patient to report pain and request medication. Regular monitoring of the patient to avoid issues of over-medication is, of course, necessary in such practices. It is also incumbent on any registered nurse to intervene when the patient's pain is not being managed appropriately, including notifying the physician of the patient's discomfort in spite of administration of ordered medications.

Registered nurses can also be of assistance in helping patients cope with the most common side effect of pain medication – constipation. Opioids inhibit gastrointestinal motility, and early intervention to combat this problem can promote patient well-being. It is not unusual for physicians to write orders for a stool softener (such as docusate sodium) prn, and also for a bowel stimulant prn. Stool softeners do not promote gastrointestinal motility and thus alone, will not promote bowel elimination. By administering ordered bowel stimulants, and encouraging individuals who are not in health care facilities to use ordered bowel stimulants at home, licensed nurses can assist the patient to avoid constipation and even impaction. Nurses also do extensive patient education to promote use of dietary aids such as high fiber foods, adequate fluid and exercise to promote bowel function.

Another issue in registered nurse practice has been whether the registered nurse has the authority to implement *prn* medications when the physician has authorized a range of doses/frequencies. Registered nurses have the expertise to assess and manage pain given a range of dosages and frequencies ordered by the physician, basing their actions on the patient's self-report of pain and response to medications, and the RNs knowledge of the medications. Range of dosages allows the RN to medicate the patient based not only on the individual patient's self-report, but also multiple variables such as the patient's activity level, planned treatments, and response to pain medication. The standard of care for RNs in pain management is that pain be managed to maintain as much of a homeostatic states as possible; a range of dosages/ times gives the RN the authority and flexibility to achieve that goal. The physician has the option of writing dose and timing ranges and the RN has the authority and skills to manage patients pain within the physician's orders.

Questions have also arisen regarding registered nurses ability to manage and administer pain medications to patient's based on the patient's self-report of pain. Incorporated within the scope of practice for California

registered nurses (BPC 2725) is a mechanism for acknowledging the overlapping functions of nursing and medicine through standardized procedures. Standardized procedures are implemented within an organized health care system (such as hospital, clinic, physician office), are signed by nursing, medicine and administration within that facility, and allow authorized RNs to perform functions that would otherwise be considered the practice of medicine. The standardized procedure may give all RNs within the facility the right to implement the specified functions, or may name specific RNs who have specialized skills to implement that function. In regards to pain management, standardized procedures have been written in some urgent care and emergency room settings that authorize registered nurses to administer medication for pain relief based on the patient's self-report of pain intensity. (For example, the standardized procedure may authorize that following the RNs assessment of a patient with extremity pain, if the patient's pain level is 1-3 the RN may administer acetaminophen, a specific Schedule III drug if the pain level is 4-6, and a specific Schedule II drug if the patient reports pain above 7.) Standardized procedures in specialty pain settings authorize specific registered nurses to adjust various medications involved in managing chronic and/or cancer pain; the boundaries for such registered nurse implementation are clearly delineated within the standardized procedure. In all standardized procedures, the RN must have the knowledge, skills and abilities established through demonstrated competency to recognize possible contraindications to such medications requiring consultation with a physician.

Registered nurses have inquired whether it is within the scope of their practice to administer placebos for management of pain. In the 1994 Pain Management Policy, the Board of Registered Nursing stated *the nursing function of appropriate pain management includes...ensuring informed consent for pain management*. Thus if a patient is part of a clinical trial and knows that a placebo may be one of the administered medications, the RN may administer the placebo. Otherwise, use of placebos would breach the basic premise of pain management, which is that patients who report pain are entitled to the best possible treatment reflecting current research on methods that are safe and effective and thus placebos should not be given. (The reader may want to refer to the Medical Board of California regarding their Revised Pain Management Guidelines and the incorporated statement on informed consent.)

Advanced practice registered nurses (nurse midwives, nurse practitioners, nurse anesthetists) in many settings are writing orders for pain management; these orders may include controlled substances. In each instance, the advanced practice registered nurse either has a specific advanced scope of practice authorizing the action, or has in place approved standardized procedures (as described above), and the registered nurse can implement the orders written by the advanced practice nurse. The registered nurse can also implement orders written by physician assistants, who function under physician-approved protocols.

Since 1994, the Board of Registered Nursing has encouraged all registered nurses to update their knowledge regarding management of pain. Many nurse specialty organizations have offered pain management seminars as part of their annual meetings, especially since the change in JCAHO standards. Hospice and palliative care organizations are also excellent resources for pain management information. The American Society for Pain Management Nursing (ASPMN) has a quarterly publication on pain management research (Pain Management Nursing), position statements on various issues regarding pain management nursing, and an annual meeting focused on pain management issues for nurses. There are several excellent written manuals and textbooks on pain management specific to nursing, and the American Journal of Nursing has a column specific to pain management in its monthly publication.

In summary, as the health care professional involved in around-the-clock care of patients, registered nurses are in a unique position to promote pain relief. Through knowledge of medications and principles of pain management, as well as knowing the patients and their underlying conditions, licensed nurses have the ability to make appropriate judgments to promote patient comfort and well-being. Pain is a common manifestation across medical and surgical conditions and as such is a critical component of care among health care consumers. Through use of prn physician orders, standardized procedures, and client education, the registered nurse has the knowledge, skills and abilities to assist patients in achieving pain relief.

Box: The California Board of Registered Nursing has been active in promoting appropriate pain management for patients. In the scope of practice for registered nurses (BPC 2725), the Legislature recognized *that nursing is a dynamic field, the practice of which is continually evolving....* The scope of practice was defined as including *direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients....* In 1993-1994, the Board of Registered Nursing reviewed current pain management literature and determined that a statement was needed establishing appropriate nursing practice in assisting the health team in the management of pain. This advisory statement was published by the Board in its BRN Report, sent to schools of registered nursing in the state, and incorporated in presentations given by Board staff regarding the Nursing Practice Act. In 1994, the Board of Registered Nursing also established curriculum guidelines for registered nursing programs; these guidelines establish minimum criteria for pain management knowledge for all new graduates of California registered nursing programs. Over the last ten years, the Board has re-published the pain management advisory statement in its BRN Report, included questions and answers in subsequent BRN Reports pertaining to pain management, established support positions on bills establishing controlled substance privileges for nurse-midwives and nurse practitioners, and continued to promote registered nurses ability to make clinical decisions related to managing patients pain. The Board of Registered Nursing's website (www.rn.ca.gov/advisories-publications/registerednurses) is available for all interested parties to review these various statements by the California Board. The Board of Registered Nursing's Pain Management Policy states: *The nursing function of appropriate pain management includes, but is not limited to:*

- *Ensuring informed consent for pain management.*
- *Assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report.*
- *Educating staff, patients, and families regarding the difference between tolerance, physical dependence, and addiction in relation to pain relieving medications, and the low risk of addiction from long-term use and/or high doses of opiates for pain relief.*
- *Educating patients and families in a culturally competent manner regarding appropriate expectations for pain management.*
- *Recognizing that pain medications may be given around-the-clock.*
- *Intervening to treat pain before the pain becomes severe.*
- *Using non-drug interventions to assist in pain alleviation.*
- *Using knowledge of equianalgesic dosages to maintain both patient safety and pain relief as routes and types of ordered drugs change.*
- *Documenting pain assessment, intervention, and evaluation activities in a clear and concise manner.*
- *Intervening to minimize drug side effects.*
- *Implementing quality assurance/improvement standards to monitor the pain management program.*

Educational Objectives:

- Identify the unique role of licensed nurses in assessing and managing pain through their position as the caregiver present around-the-clock.
- Specify ways in which the registered nurse can use prn (as needed/ in the nurse's judgment) orders to assist patients in finding comfort.
- Identify registered nurse's ability to use standardized procedures to assist patients in pain management.

Self-Assessment Questions:

T/F Registered nurses are authorized through the Nursing Practice Act to intervene to promote patient comfort and to advocate for patients.

T/F Pain medications ordered prn are to be administered only when the patient complains of pain.

T/F Licensed nurses are expected to administer the lowest dose of pain medication ordered and at the longest interval ordered.

T/F Registered nurses have the ability to help manage patient's pain using physician orders authorizing a range of doses and medications.